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## Introduction

Another small study indicated an association with reduction in hospital and emergency department admissions, and hospital length of stay. Recent research did not confirm that these systems are more effective and less expensive than standard care [1]. In a six month crossover randomised controlled trial in patients with chronic respiratory diseases, addition of tele-monitoring to standard care did not improve the time to next hospitalisation or health related quality of life, whereas it increased hospital admissions and home visits. A systematic review did not find any conclusive evidence for the effectiveness of telephone follow up alone or with other tools in reducing readmissions in patients with chronic diseases [2]. A recent systematic review reports that only three out of the eighteen studies fulfilling the criteria for inclusion, found significant improvements in health related quality of life with tele-medicine. Furthermore, the suggestion that tele-medicine could encourage the Chronic Obstructive Pulmonary Disease patients self-management was not confirmed [3]. Tele-health has been used to support self-management of long-term conditions such as asthma. Positive results have been reported. A systematic review and meta-analysis from three randomised controlled trials using different technologies showed an improvement of asthma control, though the clinical effectiveness

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